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## APPLICANTS

Julio C. Spinelli, Shoreview, MN;

Qingsheng Zhu, Little Canada, MN;

Jeffrey E. Stahmann, Ramsey, MN; Andrew P. Kramer, Stillwater, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

## ADDRESS

21186

SCHWEGMAN, LUNDBERG, WOESSNER &amp; KLUTH, P.A.

P.O. BOX 2938

MINNEAPOLIS, MN

55402

## TITLE

Cardiac rhythm management system with arrhythmia classification and electrode selection

FILING FEE  RECEIVED 1086	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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